

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

## FORM-GB

Gift or Bequest information received  
by a department or accepted by the  
Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS - Cherokee Mental Health Institute

Name of Department or Office

1251 West Cedar Loop

Cherokee, Iowa 51012

Mailing Address

712 225 2594

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Katelyn Matheny

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

kmathen@dhs.state.ia.us

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Anonymous

Name

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

January 17, 2019

\$15.00

Date of Gift or Bequest

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

One bag of previously used adult jackets and coats.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Katelyn Matheny affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date